## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/537344

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |   |                               |              |  |       | SMALL ENTITY TYPE   |                        | OR    | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|---|-------------------------------|--------------|--|-------|---------------------|------------------------|-------|----------------------------|------------------------|
| U.S. NATIONAL STAGE FEES  |  |   |   |                               | ,            |  |       | RATE                | FEE                    |       | RATE                       | FEE                    |
| BAS   | IC FEE   | - · · · · · · · · · · · · · · · · · · ·   | SMALL ENT.                                      | = \$ 150                      | LARG         | SE ENT. = \$ 300                                     |       | BASIC FEE           |                        | OR    | BASIC FEE                  | 300                    |
| EXA   | MINATION FEI                                   |   | Satisfies PCT Art<br>(4) = \$ 50 /              |                               |              | ner situations =<br>100 / \$ 200                     |       | EXAM. FEE           |                        |       | EXAM. FEE                  | 200                    |
| SEA   | RCH FEE  |   | All other situatio<br>Search R<br>= \$ 250 / \$ | pt.)                          | ALL o        | SA = \$50 / \$100<br>ther countries =<br>200 / \$400 |       | SEARCH FEE          |                        |       | SEARCH FEE                 | 400                    |
| FEE   | FOR EXTRA S                                    | PEC. PGS.                                 | minu  | s 100 =                       |              | / 50 =   |       | X \$ 125 =          |                        |       | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | 2 min   | us 20 =                       | *            |  |       | X \$ 25 =           |                        | OR    | X \$ 50 =                  |                        |
| INDE  | PENDENT CL                                     | AIMS                                      | / minus 3 =                                     |                               | *            |  |       | X \$ 100 =          |                        | OR    | X \$ 200 =                 |                        |
|   |  | DENT CLAIM PRE                            |   |                               | -            |  |       | + \$ 180 =          |                        | OR    | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |   |                               |              |  | TOTAL |                     | OR                     | TOTAL | 900                        |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST   |  |   |   |                               |              |  |       | SMALL ENTITY        |                        | OR    | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |   | NUM<br>PREVIO<br>PAID         | BER<br>OUSLY | PRESENT<br>EXTRA                                     | 3     | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **                            |              | =  |       | X \$ 25 =           |                        | OR    | X \$ 50 =                  |                        |
|   | Independent                                    | *   | Minus   | ***                           |              | =  |       | X \$ 100 =          |                        | OR    | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                               |              |  |       | + \$ 180 =          |                        | OR    | + \$ 360 =                 |                        |
|   |  |   |   |                               |              |  |       | TOTAL ADDIT.<br>FFF |                        | OR    | TOTAL ADDIT.<br>FFF        |                        |
|   |  | (Column 1)                                |   | (Colui                        | mn 2)        | (Column 3)   |       |                     |                        |       |                            |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA                                     |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **                            |              | = ,  |       | ·X \$ 25 =          |                        | OR    | X \$ 50 =                  |                        |
|   | Independent                                    | *   | Minus   | ***                           |              | =  |       | X \$ 100 =          |                        | OR    | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                               |              |  |       | + \$ 180 =          |                        | OR    | + \$ 360 =                 |                        |
|   |  |   |   | -                             |              |  |       | TOTAL ADDIT.<br>FFF |                        | OR    | TOTAL ADDIT.<br>FFF        |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |   |                               |              |  |       |                     |                        |       |                            |                        |